



TRANSMITTAL FORM

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|--|----|------------------------|-------------------|
| | | Application No. | 10/781,314 |
| | | Filing Date | February 17, 2004 |
| | | First Named Inventor | Youzhi E. Xu |
| | | Art Unit | 1733 |
| | | Examiner Name | Justin R. Fischer |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | 42P13563D |

ENCLOSURES (check all that apply)

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|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 100px; width: 100%;">Return Postcard</div> |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|--|
| Firm or Individual name | Jennifer Hayes, Reg. No. 50,845 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP | |
| Signature | | |
| Date | November 27, 2007 | |

CERTIFICATE OF MAILING/TRANSMISSION

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| Typed or printed name | Carrie Boccaccini | | |
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| | Date | November 27, 2007 | |

Based on PTO/SB/21 (10-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 10/05/2007.
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